

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA
WINSTON-SALEM DIVISION
Civil Action No.: 1:22-CV-00451-LCB-LPA

MARAIM RIVERA, individually, and on
behalf of all others similarly situated,

Plaintiffs,

v.

CAPITAL LINK MANAGEMENT, LLC,

Defendant.

AFFIDAVIT OF SERVICE

I certify that a copy of the Civil Cover Sheet, Summons Class Action Complaint, Notice of Rights to Consent to Jurisdiction of a Magistrate Judge and Consent Form were deposited in the post office for mailing to the Defendant, Capital Link Management, LLC, via their registered agent by way of certified mail, return receipt requested, and that said copy was in fact received by the Defendant, Capital Link Management, LLC, on the corresponding date as evidenced by the attached return receipt.

FURTHER, THE AFFIANT SAYETH NOT.

This the 30th day of June, 2022.

By: _____

MATTHEW R. GAMBALE

NORTH CAROLINA
WAKE COUNTY

Sworn to and subscribed before me, this the 30th day of June, 2022.



NOTARY PUBLIC

WILLIAM P. STANLEY

Printed Name

My Commission Expires: 12/12/26

7021 2720 0000 5868 0424

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Raleigh, NC 27608

Certified Mail Fee	\$3.75
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<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.98
Total Postage and Fees	\$7.78

0112 08

Postmark Here

06/16/2022

RIVERA

Sent To
 CAPITAL LINK MGMT, LLC % REG. AGENT
 Street and Apt. No., or PO Box No.
 2626 GLENWOOD AVE. SUITE 550
 City, State, ZIP+4®
 RALEIGH, NC 27608

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Capital Link MGMT.
 c/o Reg. Agent
 2626 Glenwood Ave., suite 550
 Raleigh, NC 27608

9590 9402 7043 1225 4035 17

2. Article Number (Transfer from service label)
 7021 2720 0000 5868 0424

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]

B. Received by (Printed Name)
 [Signature]

C. Date of Delivery
 [Signature]

D. Is delivery address different from item 1? ☐ Yes
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<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

Domestic Return Receipt